

## FINALIZED SEER SINQ'S

AUGUST 2011

### Question: 20110095

#### Status

Final

#### Question

Reportability/Histology: Is the diagnosis "low-grade neuroendocrine neoplasm/carcinoid tumor with expression of gastrin (consistent with gastrinoma)" reportable with the histology code 8240/3 [carcinoid] or 8153/3 [malignant gastrinoma]? See discussion.

#### Discussion

A carcinoid tumor (8240/3) is reportable but a gastrinoma, NOS (8153/1) is not.

#### Answer

Assign code 8153/3. According to the WHO Classification of Tumors of the Digestive System, pages 64-65, carcinoid is a synonym for gastric neuroendocrine tumor (NET) and gastrinoma is synonymous with gastrin-producing NET. Gastrin-producing NET (gastrinoma) is coded 8153/3.

#### History

#### Last Updated

08/25/11

### Question: 20110094

#### Status

Final

#### Question

Surgery of Primary Site--Breast: Is a "nipple sparing mastectomy" coded to 30 [subcutaneous mastectomy] or 40 [total (simple) mastectomy] if the nipple/areolar complex was not removed but the pathology specimen indicates some breast skin was removed? See discussion.

#### Discussion

In the past, the SEER Manual indicated that code 30 [subcutaneous mastectomies], which captured nipple-sparing mastectomies, would rarely be used because it was not typically performed as treatment for a malignancy. This note was removed from the 2010 SEER Manual, Appendix C. Code 30 which now states, "A subcutaneous mastectomy is the removal of breast tissue without the nipple and areolar complex or overlying skin." More "nipple-sparing mastectomies" are now being performed at certain facilities. Should the Surgery of Primary Site field be coded to 30 when a nipple-sparing mastectomy with reconstruction is performed, even if there is skin removal? Or, does the skin removal indicate that this is not a subcutaneous mastectomy, and therefore code 43 [Total (simple) mastectomy with reconstruction, NOS] applies?

#### Answer

Assign code 30 for this case.

Assign code 30 when the nipple and areolar complex are NOT removed. Assign code 40 (or higher) when the nipple and areolar complex ARE removed.

### History

### Last Updated

08/25/11

### Question: 20110093

### Status

Final

### Question

Residence at dx: After living elsewhere (Florida) and traveling around the country in an RV with his spouse, is a patient considered a resident of this area for either primary if he was diagnosed with his first primary less than a month after arriving in the area and a second primary more than a year after parking his RV here?

### Discussion

### Answer

Use the patient's usual residence to determine residency. If the usual residence is not known or the information is not available, use the residence the patient specifies at the time of diagnosis. The SEER rules for determining "usual residence" match the rules used by the US Census Bureau.

### History

### Last Updated

08/08/11

### Question: 20110092

### Status

Final

### Question

MP/H Rules/Multiple primaries--Breast: How many primaries are accessioned when a pathology specimen reveals one tumor with invasive mucinous carcinoma [8480/3] and a second tumor with in situ ductal carcinoma, solid and cribriform types [8523/2]?

### Discussion

### Answer

Apply rule M12 and accession two primaries.

### History

### Last Updated

08/08/11

**Question: 20110091****Status**

Final

**Question**

MP/H Rules/Histology--Bladder: How is this field coded for a patient with ureter specimen with "high grade urothelial carcinoma with adenocarcinoma differentiation" and a TURB specimen with "urothelial ca, high grade, a biphasic pattern with cautery-distorted urothelial carcinoma and adenocarcinoma"?

**Discussion****Answer**

Assign code 8120/3. Apply rule H3. Glandular differentiation is equivalent to adenocarcinoma differentiation. 8120/3 would be the best way to code "a biphasic pattern with cautery-distorted urothelial carcinoma and adenocarcinoma" according to our pathologist consultant.

**History****Last Updated**

08/25/11

**Question: 20110090****Status**

Final

**Question**

Histology/Behavior--Ovary: What are the correct histology and behavior codes? 20 cm borderline mucinous tumor and also a 0.3 cm minor focus of intraepithelial carcinoma of the left ovary. The pathologist staged as T1a.

**Discussion****Answer**

Code the histology and behavior as 8010/2 for intraepithelial carcinoma. Borderline mucinous tumor is not reportable to SEER.

**History****Last Updated**

08/08/11

**Question: 20110089****Status**

Final

**Question**

Primary site--Head & Neck: What is the correct topography code for squamous cell carcinoma diagnosed from lymph node and deemed to be a head and neck primary but specific site could not be identified? Code C148 or C760? See discussion.

**Discussion**

Code C148 is based on note in ICD-O-3 indicating it should be used when a code between C000 and C142 cannot be assigned. Previous SINC and I&R answers indicated it should be coded to C760.

**Answer**

Assign code C148. SINC entries stating that code C760 should be used could not be found.

**History****Last Updated**

08/08/11

**Question: 20110088****Status**

Final

**Question**

Chemotherapy/Neoadjuvant treatment: How is neo-adjuvant therapy coded for a second primary discovered at surgery? See discussion.

**Discussion**

For example, a patient had neo-adjuvant chemo for rectal carcinoma. An A-P resection revealed intramucosal ca in adenomatous polyp in descending colon which was a second primary. Is the chemo recorded as therapy for the carcinoma in situ of the colon? If so, what is the diagnosis date of the colon primary?

**Answer**

The neoadjuvant chemotherapy is recorded for both primaries. For the second primary, code the actual diagnosis date and use the date of diagnosis as the date of systemic therapy.

**History****Last Updated**

08/08/11